



Sheila Johnson, Speakers Bureau  
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INSTRUCTIONS: Speakers are provided, when available, at no charge. However, travel costs, for speaking engagements requiring out of town travel, are usually borne by the requesting organization.

FROM: (Name and Address of Sponsoring Organization)

EVENT LOCATION: (Name and Address of Hall, Auditorium, etc., room, tel. no.) DATE \_\_\_\_\_

TOPIC DESIRED: Q & A PERIOD: Yes / No  
 EVENT / SPEECH:  
 TIME: BEGIN \_\_\_\_\_ END: \_\_\_\_\_

AUDIENCE: ANTICIPATED SIZE:  
 COMPOSITION: Education \_\_\_\_ Business \_\_\_\_ General Public \_\_\_\_

EQUIPMENT: (Available)  
 Public Address System  Qualified Projectionist  
 Lavalier or Lapel Microphone  Screen (Enter type and/or size)  
 Lectern  Overhead Projector  
 Motion Picture Projector (16mm)  Light Pointer  
 Slide Projector (35mm)  Room can be darkened for films, etc.  
 VCR 1/2"

PUBLICITY:  
 Event Open to the Press Y / N Speech to be Broadcast Y / N  
 Photo Y / N Biographical Sketch Y / N  
 Speech to be taped, filmed, or otherwise recorded Y / N

EXCLUSIONS: Is, or will, any person for reason of race, color, sex, religion or national origin, be excluded from or segregated within membership in sponsoring organization attendance at event or any of the facilities housing this event? Yes / No \_\_\_\_\_  
 Signature \_\_\_\_\_

REMARKS: Furnish any other significant information which may be helpful in the selection of an appropriate speaker, such as: whether NASA speaker will deliver keynote address, participate in panel discussion, etc.; if there is a special purpose or objective or any unique feature involved. Continue comments on reverse side, if necessary.

CONTACT REPRESENTATIVE:  
 FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 TEL. NO. (W) \_\_\_\_\_ (H): \_\_\_\_\_ FAX: \_\_\_\_\_  
 ORGAN. TITLE OR AFFILIATION: \_\_\_\_\_

OFFICE USE ONLY: Status: Date Received: \_\_\_\_\_